V. S. No. 1

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TE PLAINLY, WITH I	should be carefully supp	E OF DEATH in plain ter	is very important. See in
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00317

1. PLACE OF DEATH		(131)	
County Cearoline		Registration Dis	t. No. 62
Village or City & Della	w	No	St.,Ward
Length of residence in city of town where deeth		death occurred in a hospital or institution, give its NAME inds. How long in U.S. if of foreign birth?	
(X)	occurredmos		
2. FULL NAME SARROW	Mex'zeer	Colysias n specify WAR.	0
(a) Residence: No.	(Usual place of abode)	St./Ward.	e city or town and State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE C	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	19,1 6
freunde weute	OR DIVORCED (write the word)	(Month)	(Day) (Yeer)
5a. If married, widowed, or divorced			
HUSBANO of (or) WIFE of	uen-	22. () I HEREBY CERTIFY	That I ettended deceased from
1	211 1801	, to	26, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	Days   If LESS than	I last saw in alive on full 1454	7, 19; death is said 7m.
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, https://doi.org/10.1001/10.	
04	7-0 ormin.	were as follows:	Oata of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Dunne i myme sure	<i>H U</i>
9. Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc	11. Total time (years)		
this occupation (month and year)	spentin this		
		Other Contributory Causes of importance:	
12. BfRTHPLACE (city or town)  (State or country)			
A	·		
13. NAME TO 1	sou		
14. BIRTHPLACE (citt or town)	eusu	Name of operation	Date of
(State of country)	July 1	What test confirmed diagnosis?	Was there an autopsy?
# 15. MAIDEN NAME Dully 78	yeller	23. If death was due to external causes (ViOL ENCE) fill In	elso the following:
16. BIRTHPLACE (city or town)	Mulore	Accident, suicide, or homicide? Dat	e of injury, 19
(State or country)	- rull	Where did injury occur?(Specify city or toy	wn, county and State)
17. INFORMANT TO THE	une p	Specify whether injury occurred In INDUSTRY, in HOME	, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	enfor ma		
Place Alulan Guio	de Jan 24, 1936	Manner of injury	
19. UNDERTAKER J. Virgi	Russon	24. Wes disease or injury in any way related to occupation	on of deceased?
(Address)		If so, specify	1.
1-24 26 h	1 40,0000	(Signed) Mullin // ////	40) M. D
20. FILED 1 19 J. 1	Registrar.	(Address) Caulin.	mil

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	4 (		100
			1
Other contributory causes of importance:		Other contributory causes of importance:	77.
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

00318

1. PLACE	1. PLACE OF DEATH			108
County Caroline.  Village or City Federalsburg,  (If  Length of residence in city or town where death occurred yrs. 5 mos.				Registration Dist. No. 64
			(II yrs. 5 mos	No. St., Was death occurred in a hospital or institution, give its NAME instead of street and number)  2 L ds. How long in U.S. if of foreign birth? yrs. mos.
2. FULL N	AME George	Wolard H	Bolden,	If U. S. Veteran, specify WAR
(a) Reside	ence: No. Federa	lsburg, (Usual place	Md.	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male.	4. COLOR OR RACE Colored	OR DIVORCE	RIED, WIDOWED, O (write the word) ngle	21. DATE OF DEATH  January IIth 193.6  (Month) (Day) (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. A HEREBY CERTIFY That I attended deceased from 11, 1936, to 10, 1936
	1 (month, day, and year) Jt ears Months	ly 20th Days 2I	I 1935  If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at IO = QQ mP • M •  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.  10Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Federal sburg, (State or country)			me (years)	Jober Presermia Jan
				Other Contributory Causes of importance:  Malnutution  1973
13. NAME		lie Bold		
	or country)	Dorchest	Md	Name of operation Date of Date of What test confirmed of agreent status Was there an autopsy?
15. MAIOEN NAME Pearl Cannon, Federalsburg, (State or country)  17. INFORMANT Willie Bolden, (Address) Federalsburg, M d.			urg, Md.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Federalsburg, Mobile Jan. 131, 1936.				Manner of injury
19. UNDERTAKER (Address)	Federalsh	ourg, Md		24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Leversholding

TION is very important.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis FFR	1921	Run over, by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

V. S. No. 1

County Caroline			~ 4 0 ~ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Registration Dist. No. 6	4	
Village or City	Federalsh				St	
Length of rasidenca in	city or town whara daa	th occurred	(1) yrs9mos	death occurred in a hospital or in 25ds. How long in U.S.	nstitution, give its NAME instead of street  S. if of toreign birth?yrs	and number)
					ran, specify WAR	
(a) Residence: No.	Federa	alsburg	, Md.	St., Ward.		
PERSONAL A	ND STATISTIC	(Usual place of		MEDICAL	If nonresident give city or town  CERTIFICATE OF DEAT	
3. SEX 4. COI		S. SINGLE. MARI	RIED, WIDOWED,	21. DATE OF DEAT	H Jan. 9th.	, 1936
5a. If marriad, widowed, or di HUSBAND ot	vorced			22. LaHERE	(00)	(Year)
(or) WIFE of				Jem 9	BY CERTIFY, That I atte	9 19 3
6. DATE OF BIRTH (month, d	ay, and year) Mal	rch I4t	h. 1934	I last sawh . A laive on		( ; death is sai
7. AGE Years	Months 9	Days 25	If LESS than  1 day,hrs.		stated above, at 2 = 30 = Pm. M.	
8. Trade, profession, or		<i>4</i> 5	ormin.	were as follows:	DEATH and related causes of importance	Date of onse
kind of work don SAWYER, BDDKK	as SPINNER,	Infant		Brance	La Prince	
kind of work don- SAWYER, BDDKKI 9. Industry or business work was done, a	in which SILK MILL, , etc			101	1 A A A	1/2/3/
10. Date deceased last w	orked at	11. Total ti	ma (yeers)	Lottering	Meabolls	7 6
this occupation (month end spent in this occupation occupation						
12. BIRTHPLACE (city or town (State or country)	Fede:	ralsbur		Other Contributory Causes of	Importance:	
	Harry H.	Cannor	Md.			
13. NAME 14. BIRTHPLACE (city or (Stata or country)	town) Fed	deralst		Neme of operetion	Date	
	Virginia	E, Bra	idley,		s? Was there all causes (VIDLENCE) fill in also the follo	
15. MAIDEN NAME Virginia E, Bradley,  16. BIRTHPLACE (city or town) Bridgeville, (State or country) Del.  17. INFDRMANT Lula M Cannon, (Address) Federalsburg, Md.				?? Date of Injury		
			(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.		State) C PLACE.	
18. BURIAL, CREMATION, DR						
19. UNDERTAKER T. T.	Framptom Federals	& Son	Md.	24. Was disease or injury in a	ny way related to occupation of decaasad	220
20. FILED Jan. IO"	19 36 3. 3	Fran	nestan.	(Signad)	fr. ftys	COS M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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Example I	li	Example II	
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Chronic interstitial nephritis FLB 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage V.S.	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			411

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MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. P	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac
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3	HIS	þe	pe
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MAR	H UNF	suppli	in term
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	-WRITE	mation s	CAUSE

See instructions on back of certificate.

TION is very important.

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(D. Every

HYSICIANS should state

of OCCUPA-

t statement

STATE OF MARYLAND—  1. PLACE OF DEATH  County Caroline	CERTIFICATE OF DEATH 00320  Registration Dist. No. 66
Village or City Ridgely	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town where death occurred 50_yrsmos.	death occurred in a hospital of institution, give its IVALVIE instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Frank Brown	
(a) Residence: No(Usual place of abode)	St., Ward.  If wonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Nale 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  Sa. If marriad, widowed, or divorced	21. DATE OF DEATH  Jan 22 36 (Day) (Yaar)
HUSBAND of Mary Brown	22. I HEREBY CERTIFY, That I attended daceased from  21. 193 to Jan 21. 1936 death is said
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated ebove, at 8 40 m;
66 8 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Virade, profassion, or particular kind of work done, as SPINNER, Laboror SAWYER, BOOKKEPPER, atc.	Nenal Disese
Kind of work done, as SPINNER, Laboror SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last worked at this occupation (montheand a COO)	The state of the s
10. Date dacased last worked at this occupation (months of 1929 spent in this Tife occupation 1911)	commany monerous / gay
12. BIRTHPLACE (city or town)	Other Custributury Causes of importenca:  And In Incumal Herma 2-2-34
II 13. NAME Unknown	
13. NAME Unknown  14. BIRTHPLACE (city or town) (Stata or country)  Unknown	Name of operation Dete of What tast confirmed diagnosist Consider Was there an europsylog
15. MAIDEN NAME Jane Brown	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Jane Brown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Harvey Brown (Addrass) Ridgely. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Dato Jan. 26.36 Denton Rawlings. Greensboro. Md. 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spacify 20, FILED 25 1936 (Addrass 58

Ismore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Control of the Contro			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.	un
Americal examination then renaled invertenence dayling to se	ala,
ren el liseare The record case wood Jan 21-1936 for lar	I
illnes (mocardial breatticine). Homsel mo	

V. S. No. 1

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17. INFORMANT. (Address) 18. BURIAL, CRE

19. UNDERTAKER

(Addrass)

state

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00321
1. PLACE OF DEATH	
County Caroliel	Registration Dist. No. 62
Village or City Courely House	0
Vinage of City (II	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Olever / restou Chan	Lelakas Veteran epecify WAR
(a) Residence: No.	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
while OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Chambers Chambers	22. HEREBY CERTIFY That I attanded decaased from 1935 to Place 3 1936
6. DATE OF BIRTH (month, day, end year)  1858	Hast sawhere alive on Jam 3-9, 193 Gdaath is sald
7. AGE Yeers Months Days If LESS than	to have occurred on the date detad above, at 2 Am,
78 1 day,hrs.	
Trade, profession, or particular kind of work done, as SPINNER,	A
SAWYER, BOOKKEEPER, etc.	audeo Desculon Renal ?
work wes dona, as SILK MILL, SAW MILL, BANK, atc	Asser
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date daceased last worked at this occupation (month and year) occupation	
Par V	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
E	No. of a self-
(State or country)	Name of operation Data of Data of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Stary are Fratrip 16, BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[Stata or country]	Accident, sulcide, or homicida?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury

If so, specify

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II	
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Chronic interstitial nephritis FR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			T Date

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00322
1. PLACE OF DEATH	(131)
County Caroline	Registration Dist. No. 42
Village or City Decetor U.S.	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Design of residence in city of town where death occurred.	
2. FULL NAME JACUSE MUCHEN COM	USANUES. Veteran epecify WAR.
(a) Residence: No. (Usual place of abode)	St.,Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  WARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced  WISPAND of  Or) WIFE of Zuilland Collison	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Cal 102 1875	I last saw h_se alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	leichal Oforflety 19/31
10. Date deceesed last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) CState or country)	by befules Chileson (2)
13. NAME Pulling Miller	
(State or country)	What test confirmed diagnosis? Liveal Was there an autopsy? As
15. MAIDEN NAME Wardy Tyaser  16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Millard Callison (Address) Decilon	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Places Survey Oate Oate 26, 19 36	Manner of injury
19. UNDERTAKER J. Ziegil Moore (Address) Jewiser	24. Was disease or injury is any way related to occupation of deceased? The lift so, specify
20. FILED 1- 26, 1936 Me Ab Gerry (Registrar.	(Signed) Tracements Maryana
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
ليش	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy 1921  Run over by street car  July 5, 1927  Perilonitis  Other contributory causes of importance:

What test confirmed diegnosis?\_\_\_\_\_\_ Wes there an autopsy?\_\_\_\_ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

LION

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July 5,1927	Peritonilis	3 days ago
	Other contributory causes of importance:	1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5,1927  Peritonitis  Other contributory causes of importance:

O. Date deceased last worked et this occupation (month end

12. BIRTHPLACE (city or town) .... (Stete or country)

> 14. BIRTHPLACE (city or town). (State or country)

> 16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

Grove

15. MAIDEN NAME

STATE OF MARYLAND—CERTIFICATE OF DEATH

If LESS than

1 day, \_\_\_\_ hrs.

or .... min.

Md

Registrar.

11. Total time (years)

Dean

Co.

Caroline Co

Dean.

Caroline

Mary Ellen

J.T. Framptom & Son.

Federalsburg

Caroline

00324

Prostouphio

	- (92·a)				
		Registration	on Dist. No	63	
No				St	Ward
death occurred in					
∠ ds. Ho	w long in U.S. if	of foreign birth?_	yrs	mos	ds.
1f	U. S. Veteran,	specify WAR.			
St.,	Ward.				
		If nonreside	ent give city or to	wn and State	
N	MEDICAL C	ERTIFICA	TE OF DEA	ТН	
21. DATE 0	)F DEATH	Jan.	20th.	, <sub>193</sub> 6 (Y	ear)
22. 1	HERME	CERTI	F/4, That I a	ttended decease	ed from
Jan	1900	1936 10	lans	20 th	36
I last saw her	alive on	lan 1	gat	1936; deatl	is saint
	on the date	ed above, at I 2			1 10 0010
The PRINCIPAL	CAUSE OF DEA				
were as follows				Date	ofonset
	Gort	e Sta	AdIA	2.	10
101	Can't		2020	74	TIP,
	COU GI				
Other Contribut	ory Causes of imp			2	All
	Tonoras	l arte	rio se	leson	TO.
			<u> </u>	The same	
Name of operati	2 274	2			
Name of operati	med diagnosis?	Boletin	ausou	ere an autopsy	. 2.
					1.234
	due to external co				
	e, or homicate?		Dete of in dry	,1	9
Where did injur	Injury ordered i	(Specify city	or town, county	and State)	
Specify whether	Injury ordered i	n INDUSTRY, in	HOME, or MPUE	BLIC PLACE.	
	1	/			
Manner of injur					
Nature of injury					
24. Was disease	or injury In any v	vay related to occ	upation of decea	sed? ne	2 .
If so, specify		nous	777.7	1	
(Signed)		7/2	Mar	den	M. D.

mation should be carefully TION is very important. -WRITE CAUSE

supplied.

OF DEATH in plain terms,

FATHER

MOTHER

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephrics	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 5 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

of OCCUPA.

effin.	17.7%	Our
- 7	4.3	R.
7	6	4
4.0		4
	3	32

1. PLACE OF	DEATH				
County	Car	oline		Registration Dist. No.	41
Village or City	Greensb	oro. Mo	1.	No.	St., Ward
		h	(H	death-occurred in a hospital or institution, give its NAME instead of	
Length of residen	ca In city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAMI	Annie D	eens			
(a) Residence:	No		,-,-,-,	St., Ward.	
PERCONAL	AND STATIST	(Usual place		If nonresident give city or	
-	AND STATIST	1		MEDICAL CERTIFICATE OF DE	EATH
	COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Jan. 16. (Month) (Day)	
5a. If married, widowed, HUSBAND of	or divorced De			(month)	(Teal)
(or) WIFE of	George	<b>计算机</b>		22.   HEREBY CERTIFY, That I	attanded deceased from
6. DATE OF BIRTH (mo	nth, day, and year) J1	me 30.	1879	Vlast saw h all alive on 15	_, 1936 ; death is sald
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 12.30cm.	
57	5	17	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of import wera as follows:	
Z 8. Trade, professio	n, or particular			10000	Date of onset
SAWYER, BO	done, as SPINNER, OKKEEPER, etc	House	work	Jacenoni P/ Medius	
kind of work SAWYER, BO 9. Industry or bus work was do SAW MILL, I 10. Data deceased it	ne, as SILK MILL,				
SAW MILL, I	BANK, etc	11 Total t	ime (years)	0	
this occupati	e (monte and 1 9	spe spe	nt in this Life	1	
			<b>apatron</b>	Other Contributory Causes of Importanca:	
12. BIRTHPLACE (city of (State or country)					
1					
13. NAME  14. BIRTHPLACE (ci	Thomas I	lobbs			
14. BIRTHPLACE (ci		id.		CX -1/	Date of
	Elizebet				s thera an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (ci	FILZene	<u>,,,,                                 </u>		23. If death was due to external causes (VIOLENCE) fill in also th	
O 16. BIRTHPLACE (ci				Accident, suicide, or homicide? Data of inju	iry, 19
				Where did injury occur? (Specify city or town, coun	
17. INFORMANTPui			363	Specify whether injury occurred in INDUSTRY, in HOME, or in F	UBLIC PLACE.
18. BURIAL, CREMATION		nsboro.	Md.	Manage de la form	
	eensboro, l	d Date Jan	19.1935	Manner of injury	
	D. Damildon	2-0			111
19. UNDERTAKER R	o . nawi in	sboro.	MA	24. Was disease or injury in any way related to occupation of dec	ceased/
0	-/ -· A	mi	10	If so, specify (Signed) Harby Adversary	AN MA
20. FILE Card.	1, 71976.	1.1.40	Registrar.	(Address) Presaration	in flowed
1	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	0

V. S. No. 1

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SEMENT AND A			
		7	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

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TICATE OF DEATH
— Fr.2 00326
Registration Dist. No. 66
St., Ward a horpital or institution, give its NAME instead of street and number) ow long in U.S. if of foreign birth?yrsmosds
Ward.  If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
OF DEATH  (Month)  (Day)  (Vear)
HEREBY CERTIFY, That I attended deceased from
1936, to familiary 8, 1936 10 alive on January 8, 1936; death is sald and on the date stated above, at 4, 200 m.
L CAUSE OF DEATH and related causes of importance s: Date of onset
tak anomaliz of hirstory appointed.
tery Causes of importance:
ion Dato of Dato of Treed diagnosis? Chine of June diagnosis? Chine of June diagnosis? Chine of Dato o
due to external causes (VIOLENCE) fill In also the following: le, or homicide?, 19,
(Specify city or town, county and State) r injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
y
or injury in any way related to occupation of deceased?

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1	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPA	CE FOR FURTH	ER STATEMEN	TS BY PHYSICI.	AN

1. PLACE OF DEATH	92:0
County Chalue	Registration Dist. No. 6 6
Village or City Relylly	NoSt.,Wat f death occurred in a hospital or institution, give its NAME instead of street and number)
	s ds. How long in U.S. if of foreign birth?
2. FULL NAME Thomas W. Hamm	and.
(a) Residence: No. Ridgely Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Secry 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
a. If married, widowed, or divorced	(muntil) (Day) (Teal)
HUSBAND of Comulee Harmond	22 PHILESE BY CERTIFY had Leglended deceased from 10 20 pm
DATE OF BIRTH (month, day, and year) Gau 19 1 /864	I last law h MM alive on OCA27 75 , 19.35 death is so
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.76 m.
72   11   13   1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of one
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Antio mulhtique
9. Industry or business in which	- www.
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) - Goupation - 4	Other Coutributory, Causes of importance:
2. BIRTHPLACE (gry or town)	1 Anto
(State or country)	- merioceroce
13. NAME Shully tammond 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis WWW Was there an autopsy?
15. MAIOEN NAME Stock Wuchenley  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
PA 0 2	Where did injury occur?(Specify city or town, county and State)
(Address) Ragily ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION. OR REMOVAL Place Deutern May Day Jan 6 , 1935	Manner of injury H. G. Bennington, acting boro
19. UNDERTAKER OX - By Staustlings Address) Streege Auto ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDan 4, 1936 Davis.  Registrar.	(Signed) Market Menton

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  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BIRTON V. S.	A III		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

un.S	IS A PERMANENT RECORD. Every item of infor	stated EXACTLY. PHYSICIANS should stat	properly classified. Exact statement of OCCUPA	
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7	I	St	pr	000

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STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L PLACE OF DEATH		98-0	00328
County Caroline			Registrati	ion Dist. No. 64
	Village or City Federalsbur	rg,	Ma	
		, (1	NO.    If death occurred in a hospital or institution, give its NA  ds.   How long in U.S. if of foreign birth?	
:	2. FULL NAME Lenora	Ireland.	If U. S. Veteran, specify WAR	**************************************
	(a) Residence: No. Federalsh		St., Ward.	· · · · · · · · · · · · · · · · · · ·
-	DEDCOMAL AND CTATISTICA	(Usual place of abode)	E CONTRACTOR OF THE CONTRACTOR	dent give city or town and State
-	PERSONAL AND STATISTICA  SEX 4. COLOR OR RACE 5. 5	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICA	TE OF DEATH
F	emale. White.	OR DIVORCED (write the word)	Jan. (Month)	26th., 1936 (Oey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles H. Ireland.		1 HEREBY CERT	Y. That I attanded deceased from 26, 1936	
6.	DATE OF BIRTH (month, day, end year) Ja	n. 29th. 1873	(last saw h. P. aliva on ) 2 /2	2.6, 19.3.6; death is said
7.	AGE Yaars Months	Oays If LESS then 1 day,hrs.	to have occurred on the date stated above, at	1=35=nA.M.
_	62   II	27 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated were as follows:	Causas of importance
NO	8. Trade, profession, or particular kind of work done, as SPINNER, H SAWYER, BOOKKEEPER, atc	ouse-work	Chanic Mosoc	14
		- Cuma miga	1130	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.				
000	10. Date deceased last worked at this occupetion fronth and year)	11. Total tima (years) spant in this Life occupation		
12. BIRTHPLACE (city or town) Kent Island, (State or country)		Other Contributely Causer of Importance:	Edgena 1/24/26	
ER	13. NAME Isaa	e Quillen		1/10/30
FATHER	14. BIRTHPLACE (city or town)(State or country)	Md.	Neme of operation What tast confirmed diagnosis	Data of Data of Purch eutopsy? Me
ER	15. MAIOEN NAME Mixi	am Voshell	23. If death was due to external causes (VIOL ENC	// //
15. MAIOEN NAME  Mixiam Voshell  16. BIRTHPLACE (city or town) Patters Landing  (State or country)		Accident, suicide, or homicide?	Date of injury, 19	
17. INFORMANT W. Edgar Ireland.  (Address) Federal chung Md		(Specify cit Spacify whather injury occurred in INOUSTRY, in	y or town, county and State) 1 HOME, or In PUBLIC PLACE.	
(Address) Federalsburg, Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Centreville, Md. Dete Jan. 28th., 1936		Manner of injury		
19. UNOERTAKER J.T. Framptom & Son. (Address) Federal sburg. Md.		24. Was disease or injury in any way related to or		
20	FILED Jan. 274, 1936 5.5	Fram Jom	(Signed) fresh M. Klerch M. (Address) fe Lend M.	merg md. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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1	Example I		Example 11	
The principal cause of de of importance were as followed	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	E- 60 20. 1 1 E 2	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	a to the	1921	Run over by street car	1 week ago
Cerebral hemorrhage	PEB 4 1900	July 5,1927	Peritonilis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones	Public of and seeks	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 00329
1. PLACE OF DEATH	<u> </u>
County Coroline	Registration Dist. No. 66
Village or City Ruly ely frear.)	No. St., Ward
Length of residence In city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Boly Johns	2
	St. Ward.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) James 14 1936	I last saw h alive on, 19, death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date steted above, at 7m.
0 0 1 d 1 day, -0 hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mill buth
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Redgely rown (State or country)	Other Coutributory Causes of importance:
13. NAME William Granbril	
13. NAME Welliam Granbril  14. BIRTHPLACE (city or town) - f Caralina  (State or country)	Name of operation Date of Was there an au'opsy? Mx Was there are au'opsy? Mx Was the end of
15. MAIDEN NAME Helen Tangil Johns	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Helen Jourie Johns  16. BIRTHPLACE (city or town) Frank fort	Accident, suicide, or homicide? Casca Sant- Date of injury 1-14, 1936.
17. INFORMANT ) Lean of Johnson (Address)	Where did injury occur? Accounty and State)  Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Man Ridgely Ind Date Law 15, 1931	Manner of injury Breesle Lelvery - unattended
19. UNDERTAKER 7 Samuel Sohro, (Address) Redycly Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILE an 15, 1936 Davis Registrar.	(Signed) Hufu M.D.  (Address) Lagely M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S/No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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E	cample I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The state of the s	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	LER	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Public v c	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	1-11-11-11-11-11-11-11-11-11-11-11-11-1
Gallstones		May 1,1923	Gastroenteritis	1 year

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prenent at the furth of the was a breech	0
The head did not come to bout 7: Pm	

V. S. No. 1

1. PLACE OF DEATH	-olina	46.8		//
	oline		Registration Dist. No.	9.1
Village or City Green	asboro	No.	nstitution, give its NAME instead of	_St.,Ward
Length of residence in city or town where de	ath occurred 75 yrsmo		S. if of foreign birth?yrs	
2. FULL NAME Mary C Kr	10 <b>k</b>			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or	
PERSONAL AND STATISTIC	No. of the last of	MEDICAL	L CERTIFICATE OF DE	
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write-the word)	21. DATE OF DEAT	1	9 193 6
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward I	Knor		BY CERTIFY, Thet I	ettended deceased from
Edward		1610 3	(1936 to face 2	8 , 1956
6. DATE OF BIRTH (month, day, end yeer)	1861	I last saw h alive or	// (A D	, 19 56; death is sal
Afrech 75 Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the determined of the PRINCIPAL CAUSE OF were es follows:	stated above, atm. DEATH and related causes of import	tance Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewark		Alt.	0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		facen	me your	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation 1,116			
12. BIRTHPLACE (city or town)		Other Contributory Causes of	Importance:	
13. NAME Sam Carey		7		
13. NAME Sam Carey  14. BIRTHPLACE (city or town) (State or country)	L.	Name of operation	The House was	Date of
5 15. MAIDEN NAME Gla	ass		al capses (VIOL ENCE) fill in also the	
15. MAIDEN NAME G.18  16. BIRTHPLACE (city or town)			e Date of Inju	
17. INFORMANT Edward Knox (Address) Greens	ooro. Md.		(Specify city or town, counred in INDUSTRY, In HOME, or In P	oty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date Feb. 1 1936			
19. UNDERTAKER R.B.Rawling			eny way related to occupation of dec	ceased?
20. FILED Last 31, 936 f	man Pipper	(Signed) (Address)	Siece Now	the M.

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Example I		Example II	
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Chronic interstitial nephritis FFR	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10331
1. PLACE OF DEATH	- Ga d
County Caroline	Registration Dist. No.
Village or City Neuders and R. Q.	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence th city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Joley / Jusmaul	
(a) Residence: No. Mullison md	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
make   Ind. + OR DIVORCED (write the word)	Jaw 2 23 1936
5a. If married, widowed, os divorced	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced MUSPANE OF (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
The fairmant	Jan 16 4985 to Jan 83, 1926
6. DATE OF BIRTH (month, day, and year) 2/20 -18/68 18/	Vast saw hell alive on factor 196 ; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
76-44-00 ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Carcusma / Turnes, 1/130
Industry or husiness in which	
work was done, as SILK MILL Farmer SAW MILL, BANK, etc.	
10. Date decessed last worked et this occupation (month and spent in the spent in t	
year) occupation i	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or to 10)	Other Contributory Causes of Importance:
(State or country)	Exhaushan 16/30
13. NAME UUMACCE	
14. BIRTHPLACE (city or town) Luhnau	Name of operation soul ? (1. fushing Date of 1 - 35.
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Walter This mane	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) Akudusan MA	
pare trues for pare 1/1/6/3/14	Manner of injury
DILL B. J. L.	Nature of injury
19. UNDERTAKED WE Sautily o	24. Was diseese or injury In eny-way related to occupation of deceased?
(Address) Sueuro Poro 1918	If so, specify
20. FILED / 124, 1936 all Armster Registrar.	(Signed) M. D.  (Address) Life for M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importances	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADD	ITIONAL	SPACE I	FOR FURTH	ER ST	ATEMENTS	BY PHYSICL	AN	**
METE	filed	3-9-3	6 under	Dr.S	Silver,	changing	age	and
T T TITE								

birthdate.-L

M	info
	Jo Pi
	item of info
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OCCUPA-Jo certificate. THIS back instructions on carefully very important. OF DEATH pe plnods WRITE. CAUSE

mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Caroline. Registration Dist. No. Village or City Federalsburg. (Out-side) Length of residance in city or town whare daeth occurred 2 yrs. 7 mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME Charles Kahrs Mikelait. If U. S. Veteran, specify WAR (a) Residence: No. Federalsburg, Md. R. F. D. St., (Usual place of abode) Ward. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) White Male Single 5a, If married, widowad, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded daceasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) June Ist. 1933 7. AGE If LESS than Months Devs 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralated ceusas of importance or .... min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc..... OCCUPATION Infant 9. Industry or businass in which work was dona, es SILK MILL, SAW MILL, BANK, atc..... 10. Date dacaasad last worked at 11. Total tima (yaars) this occupation (month and occupation \_\_\_ Caroline Co. 12. BIRTHPLACE (city or town)\_\_\_\_\_ (Stata or country) FATHER Henry O. Mikelait. 13. NAME New York City. Name of oparation...... Data of..... 14. BIRTHPLACE (city or town) ... (State or country) Whet test confirmed diagnosis?\_\_\_\_\_ Wes there en autopsy?\_ MOTHER Lula Jordan. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Philadelphia. Accident, suicida, or homicida?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ (State or country) Whare did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Federalsburg Md 18. BURIAL, CREMATION, OR REMOVAL Mannar of injury Placa Canden, N.J. Deta Jan 15" 1936 Nature of injury\_\_\_ 24. Was diseasa or injury in any wey ralated to occupation of dacaased? 19. UNDERTAKER J. T. Framptom & Son. If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 4 1000	July5,1927	Peritonitis	3 days ago
SUMPAU V.	s.		
Other contributory causes of importance:	Mile belle barber gel. g	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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()	U	U	U	U	

1	. PLACE OF	<b>DEATH</b> Caroline			Registration Dist. No. 64	
	Village or City Federalsburg  (Include the control of the control				NoSt.,st death occurred in a hospital or institution, give its NAME instead of street and some control of the contro	number)
2	(a) Residence	E E. Lee : No. Federa	Morris	Md.	If U. S. Veteran, specify WARSt., Ward.	
200200000	PERSONA	L AND STATIST			If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. 5		White	5. SINGLE, MARE		21. DATE OF DEATH  Jan. 17th.  (Month) (Day)	, 193 <u>6</u>
	If married, widowed HUSBAND of (or) WIFE of	Bertha	E. Mori		22. I/HEREBY CERTIFY, That I attended	daceased from
6. E	GE Years 62		Days I9	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at I I 45 mP . M .  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence ware as follows:	Date of onset
OCCUPATION	9. Industry or but work was d SAW MILL, 10. Date daceased	ona, as SILK MILL, BANK, atc	Farmer  11. Totel tir  9.36 span occur  chester	tin this Life	Cornery Timerbosis  Other Centributery Causes of Importance:	Jan 17
FATHER	(State or country  13. NAME  14. BIRTHPLACE (c		Morris Seaford	. Md.	Name of operation	
MOTHER F.	(Steta or co	untry)	ret Harr		What tast confirmed diagnosis	autopsy///
17.	(Addrass)	irs Bertha Federal			Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	nte)
18.	Piace Fede:	ralsburg, Mo			Manner of injury	
	(Address)	J.T.Framp Federalsb		^	24. Was disease or Injury In any wey releted to occupation of decaased?  If so, spacify (Signed)	
20.	FILED Jan 2	0", 19.36.5.7		Registrar.	(Addrass) Technology M. 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1	d. M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second second second			

V. S. No. 1

# CEDTICICATE OF DEATH

1. PLACE OF DEATH	US34
County Caroline	Registration Dist. No. 62
Village or the Burrsville Wel.	NoSt,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	sds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME MUNE Jaura Jal	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. It married, widowed, or divorced HUSBAND ot (or) WHEE of	
(ar) HIFE of Helliam & Jol	22. HEREBY CERTIFY, That i attended deceased from
1859	t last saw here elive on 13 198 6 death is said
6. DATE OF BIRTH (month, day, end yeer)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
76 9 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8. Trade, protession, or particular kind of work done, es SPINNER, at teams.  SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	fuchel Cefoplety.
11. Total time (yeers) this occupation (month and spent in this	
12. BIRTHPLACE (city or town) Lean Burssville	Other Contributory Canees of Importance:
(State or country)	Thomas Obstantio
II 13. NAME June Calloway	helphuser
13. NAME (callosses)  14. BIRTHPLACE (city or town)	Name of operation Aff Mayer Dete of
(State of Country)	What test confirmed diegnosis? fluxuel. Was there an autopsy? W.
15. MAIDEN NAME West Cearter  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where dld Injury occur?(Specify city or town, county and State)
17. INFORMANT Mus ffarre farler (Address)	Specity whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Security Date Card. 16, 1936	Manner of injury
19. UNDERTAKER La Virgell Brown	24. Wes disease or milury in any way related to occupation of deceesed? ML
(Address) Deleton. Jud	If so, specify
20. FILED 1-15, 1936 X DO Genge	(Signed) M.O. M.O. M.O. M.O. M.O. M.O. M.O. M.O
Registrar.	(Nulless)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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Every item of infor-PHYSICIANS Exact statement PERMANENT RECO stated EXACTLY. classified. certificate. properly THIS. be Jo back plnous CAUSE OF DEATH in plain terms, so that it may See instructions on AGE mation should be carefully supplied. TION is very important. -WRITE PLA

STATE OF MARTLAND	CERTIFICATE OF DEATH 00000
1. PLACE OF DEATH ,	SD Decide No. 10
County Caroliula	Registration Dist. No. 4.2
Village or City Acquisic	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of Jown where death occurredmos	
2. FULL NAME FOLIA STONESS	If U.S. Veteran specify WAR
(a) Residence: No. Hickurau	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH and 29
a witour	(Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   I HEREBY SERILTY, That I attended deceased from
Jaker Hally Hignest Stevens	Jan 15 10 Jan 19-6
6. DATE OF BIRTH (month, dey, and year)	61 last saw hater alive on Jan 28 19 death is said
7. AGE Years   Months Deys   If LESS than	to have occurred on the date stated above, at 315 Pm.
8 9 <b>4</b> 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R. Trade, profession, or particular	were as only in the olonset
kind of work done, as SPINNER Setured Farmer	e/
kind of work done, as SPINNER, Land Farsull SAWYER, BOOKKEEPER, etc. Full Farsull Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Corcinoma ; originating in connective
SAW MILL, BANK, etc	tissue of necko Center
this occupetion (month and spant in this occupation	J
	Other Contributery Causes of Importance;
12. BIRTHPLACE (city or town) (State or country)	
# 13. NAME Savle Stevens	
E	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Zeauces (1) Tass	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Have House	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur?
John Storme M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Destar Destar	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Court of Date of Date of 31, 19.3.	Nature of injury
19. UNDERTAKER I TUVOR	24. Was disease or miury in eny way related to occupation of deceased?
(Address)	If so, specify
20, FILED 1-30 1036 Mrs 40 George	(Signed) Mylllu / M.D.
Registrar.	(Address) Eucly - My

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year.
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

certificate.

See instructions on back of

TION is very important.

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1. PLACE O	F DEATH			82-2	
County	CountyCaroline			Registration Dist. No. 4	
Village or C	ity Gree		Md.	NDSt	Ward
	dence in city or town when		(16	death occurred in a hospital or institution, give its NAME instead of street and number	
Length of fest				ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NA	MEN	ancy Ell	en Thorns	ion	
(a) Residen	ce: No	(Usual place		St., Ward.  If nonresident give city or town and State	
PERSON	IAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,			21. DATE OF DEATH		
Femail	White	OR DIVORCE	OWED (write the word)	yau 26 193	6
5a. If married, widow	1 110000			(Month) (Day)	Year)
HUSBAND of (or) WIFE of	Wilson	Andrew T	hornton	22. I HEREBY CERTIFY, That I attended decea	sed from
			-	VAN 23 1986, to Jan 20	19 34
	(month, day, and year)	ct. 19.18		1 /2	th is sald
7. AGE Yea	irs Months	Days	If LESS than  1 dey,hrs.	to have occurred on the date stated ebove, et	
12	4	6	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	e of onset
8. Trade, profes	ssion, or particular work done, as SPINNER,	Housew	ork		
Date	, BOOKKEEPER, etc business in which	110000		A for Do	/
work was	s done, as SILK MILL, LL, BANK, etc.			/ facevar aproplety	25/34
ID. Date deceas	ed last worked et	11. Total	time (years)		/
year)	pation (month and 36.	000	upation Life	01/6 11 0 0	
12. BIRTHPLACE (ci	ty or town)			Other Contributory Causes of importance:	
(State or cour	ntry) Md.				
13. NAME	William B	aynand			
13. NAME	(city or town)			Name of operation (Nough) Dete of	
(State of	country)	d.		What test confirmed diagnosis? Huncal Was there en eulops	y? led
15. MAIDEN NA	ME Unknown			23. If death wes due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NA	(city or town)			Accident, suicide, or homicide? Date of injury,	19
≤ (Stete or	country)	Unknown		Where did injury occur?	
17. INFORMANT		Thoronto		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address)		boro. Mo			
18. BURIAL, CREMAT	eensboro.	Md Jan	28 ,36	Manner of Injury	
PleceSTA	eensporo.	Mate Date	19	Nature of injury	
19. UNDERTAKER	R.B.Rawlin	gs	-	24. Was disease or injury in day way related to occupation of deceased?	)
(Address)	Green	sboro. 1	ia.	If so, specify	7
20. FILED Juge.	25 V36 d	made	Pessin	(Signed) Nasto Hotologist	M. D.
1			Registrar.	(Address) Julie 1870, full	<u></u>
V	If mo	re blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:	14.51
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00337
1. PLACE OF DEATH	
County Caroline	Registration Dist. No. 4
Village or City Laceus Gero	No. St., Ward
Length of residence in city or town where death occurred $49  \mathrm{yrs}$	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME aune Woolers	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4 COLOR OR RACE   5 SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Finare white OR DIVORED from the world	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herge Woolers	22.   I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) deng 18-1862	I last saw h a alive on few 15 1936; death is said
7. AGE Years Months Oays If LESS than	
73 4 29 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Date of oneet
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MilL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	(arcenoma y Stomach
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sequence (State or country)	Other Contributory Causes of Importance:
	Melalene
13. NAME Wellern Wheeler,  14. BIRTHPLACE (city or town) Selevov.	Name of operation Dale of What test confirmed diagnosis? Level Was there an autopsy? As
15. MAIDEN NAME Congerbish a, Finales	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Superbish a, Finally)  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Leve Woolens, (Address) Strong France France	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Scieno buo led Date Jan 18, 193.	Nature of injury
19. UNDERTAKER R. B. Rawlings; (Address) Sureno bus Mid.	24. Wes disease or injury in any way related to occupation of deceased? Use
20. FILEY AND 17 , 15 4 A Mast Property Registrar.	(Signed) halo A Journey M. D.  (Address) Leventon Heart and
# # #	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FLD 5 1982 1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year